

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		1/13/00
O.I.P.E. CLASSIFIER		10	2-1-00
FORMALITY REVIEW	J. H.	71629	2-5-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/13/00
2	✓	✓	1/13/00
3	✓	✓	1/13/00
4	✓	✓	1/13/00
5	✓	✓	1/13/00
6	✓	✓	1/13/00
7	✓	✓	1/13/00
8	✓	✓	1/13/00
9	✓	✓	1/13/00
10	✓	✓	1/13/00
11	✓	✓	1/13/00
12	✓	✓	1/13/00
13	✓	✓	1/13/00
14	✓	✓	1/13/00
15	✓	✓	1/13/00
16	✓	✓	1/13/00
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18	✓	✓	1/13/00
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25	✓	✓	1/13/00
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28	✓	✓	1/13/00
29	✓	✓	1/13/00
30	✓	✓	1/13/00
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45	✓	✓	1/13/00
46	✓	✓	1/13/00
47	✓	✓	1/13/00
48	✓	✓	1/13/00
49	✓	✓	1/13/00
50	✓	✓	1/13/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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